



Group Debit Authorization Agreement

Fax: 402-398-3809
ACCGRPA-R@nebraskablue.com

Customer (Name of Company):	Date:
Group Account Number:	Phone:

Customer hereby authorizes Blue Cross and Blue Shield of Nebraska (BCBSNE) to initiate debit and credit entries directly to customer's account(s) designated below. If there is more than one account per group, we will use the same form for each account or subaccount.

This authorization is given to BCBSNE for the purpose of funding benefit plans maintained by customer and paying for services rendered by BCBSNE pursuant to one or more contracts between customer and BCBSNE.

BCBSNE will exercise ordinary care in initiating entries to customer's account. Customer must notify BCBSNE within 30 days after the statement or notice from their bank if there is an error. BCBSNE's liability for any erroneous or unauthorized entries shall be limited to repayment of the funds to customer. In no event shall BCBSNE have any liability for consequential, punitive, or indirect loss or damage. The provisions of this paragraph shall survive termination of this agreement.

The agreement is to remain in force and effect until written notification is supplied by customer terminating this agreement. The officer signing this agreement on behalf of the customer warrants that the officer is authorized by the customer to make and approve withdrawals from the designated account.

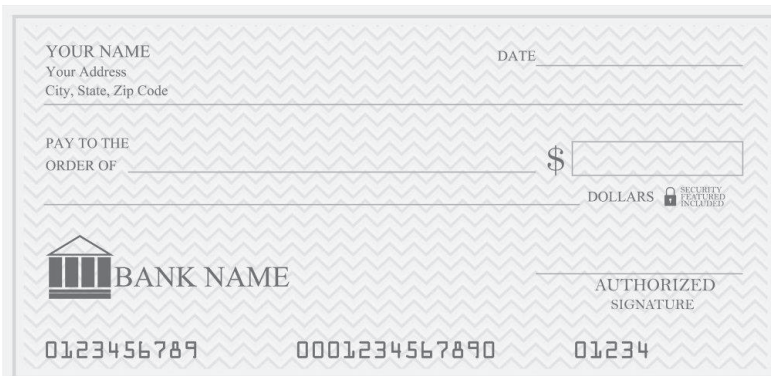
Signed by: _____
Customer Corporate Officer (Must be authorized signer of designated account) (Please print name of Customer Corporate Officer and Title)

Please complete the bank and account information below:

Name of Bank: _____ City/State: _____

Account Number: _____ Type of Account: Checking Savings

Routing/ABA Number:



ATTACH A VOIDED BLANK CHECK FOR OUR RECORDS

FOR SAVINGS ACCOUNTS, ATTACH A BANK LETTER

Routing/ABA Number Account Number Check Number